

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008053

FILED
Jan 24, 2005
Secretary of State

Entity Name: PROFESSIONAL MANAGEMENT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

501 N. MAGNOLIA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

501 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32801

Current Mailing Address:

501 N. MAGNOLIA AVENUE
ORLANDO, FL 32801

New Mailing Address:

501 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32801

FEI Number: 59-3631501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, SCOTT
501 N. MAGNOLIA AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ZIMMERMAN, SCOTT
501 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOTT ZIMMERMAN

01/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ZIMMERMAN, SCOTT
Address: 501 N. MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: SVP () Delete
Name: ALEX, KATHLEEN
Address: 250 AUSTRALIAN AVE., STE 1602
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ZIMMERMAN, SCOTT
Address: 501 N. MAGNOLIA AVENUE, STE 100
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ZIMMERMAN

DPS

01/24/2005

Electronic Signature of Signing Officer or Director

Date